

CIA INTERNAL USE ONLY

June 1962

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION, INC.

QUESTIONNAIRE TO ALL MEMBERS OF THE ASSOCIATION BENEFIT PLAN

1. We are currently exploring the feasibility of group hospitalization insurance to cover the parents of members of the Association Benefit Plan. The underwriter, Mutual of Omaha, has submitted a tentative offer subject to the following conditions:

- Eligibility: Open to parents of member and spouse, aged 65 or over. Grandparents or collateral relatives such as uncles or aunts are not eligible.
- Coverage: Covers hospitalization expense due to accident or illness. Good in any regularly licensed hospital, anywhere in the world.
- Benefits: Up to \$12.00 per day for hospital room and board and certain extras for a maximum of 60 days in one calendar year. Up to \$250.00 for surgical operations payable on a scheduled basis according to the nature of the operation.
- Cost: The monthly premium charge will be approximately \$13.85 per couple or \$6.95 per individual covered.

2. In order to assist us in further negotiations with the underwriter, we will need information concerning the extent of interest in such plan and the number of potential participants. If you have eligible members in your family, whom you would like to consider for this coverage, please fill out the attached form and return to the Insurance Branch, Room 1-J-33, Headquarters Building. This does not constitute an application for coverage nor does it obligate you in any way.

/ / I am interested in the hospitalization plan for parents.

The following members of my family are eligible:

/ / Father	/ / Father-in-law
/ / Mother	/ / Mother-in-law

Comments:

Signature

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Recd. 6/29/62

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June 1962

OFFICE OF PERSONNEL MEMORANDUM NO. _____

SUBJECT: QUESTIONNAIRE TO ALL MEMBERS OF THE ASSOCIATION BENEFIT PLAN
REGARDING COVERAGE OF PARENTS OF MEMBER AND SPOUSE,
AGED 65 OR OVER

1. We are currently exploring the feasibility of group hospitalization insurance to cover the parents of members of the Association Benefit Plan. The underwriter, Mutual of Omaha, has submitted a tentative offer subject to the following conditions:

Eligibility: Open to parents of member and spouse, aged 65 or over. Grandparents or collateral relatives such as uncles or aunts are not eligible.

Coverage: Covers hospitalization expense due to accident or illness. Good in any regularly licensed hospital, anywhere in the world.

Benefits: Up to \$12.00 per day for hospital room and board and certain extras for a maximum of 60 days in one calendar year. Up to \$250.00 for surgical operations payable on a scheduled basis according to the nature of the operation.

Cost: The monthly premium charge will be approximately \$13.85 per couple or \$6.95 per individual covered.

2. In order to assist us in further negotiations with the underwriter, we will need information concerning the extent of interest in such plan and the number of potential participants. If you have eligible members in your family, please fill out the attached form and return to Insurance Branch, Room 1 J 33, Langley. This does not constitute an application for coverage nor does it obligate you in any way.

// I am interested in the hospitalization plan for my parents.

The following members of my family are eligible:

// Father	// Father-in-law
// Mother	// Mother-in-law

Comments:

Signature _____

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